WASH FOR CHOLERA CONTROL AND ELIMINATION

GLOBAL TASK FORCE ON CHOLERA CONTROL

WASH Working Group

Annecy, 13.6.2018
**WASH WG PRIORITIES**

*Considerable Challenge*: Provision of **sustainable WASH services**

- Enabling environment: political commitment and alignment across multiple stakeholders
- Resources: predictable and adequate investment over time
- Social and behaviour change: action at community level

**Ongoing work**

1. Contributions to multi-sectoral efforts of the GTFCC (Framework for National Cholera Plans; Investment Case; Cholera Control Requests; Advocacy; Resource Mobilization etc.)
2. Development of research agenda in regard to WASH and cholera
3. Specific pieces of advocacy – Showcase at Stockholm World Water Week
4. Development of technical evidence for outbreak and endemic situations
RECOMMENDED WASH APPROACHES & INTERVENTIONS

In outbreak situations:

1) Support to health facilities (incl. Cholera Treatment Centres/Units)

2) Targeted interventions with focus on patients’ households, caretakers and direct neighbours (Rapid Response Teams, where feasible)

3) Community-level WASH response in affected and at-risk communities (chlorination, social mobilization)

4) Identification of key risk factors in affected and at-risk areas

Note: Need for close collaboration and coordination with health sector (timely targeting of resources)

In endemic settings:

1) A stepped approach for WASH in cholera endemic settings, incl. WASH field assessment

2) The use of a WASH outcome and action table to orient programming (interventions)

3) Process monitoring process at global level, and possibly mapping

Question: Coverage targets for basic / basic + WASH should be set at country level?
WASH in Cholera Outbreaks

Immediate WASH activities

1. Support to health facilities (incl. Cholera Treatment Centres / Units)
2. Targeted interventions with focus on patients’ households, caretakers and direct neighbours (Rapid Response Teams, where feasible)
3. Community-level WASH response in affected and at-risk communities
4. Identification of key risk factors in affected and at-risk areas

Assessment-based WASH activities

• 1. Continued support to health facilities (incl. Cholera Treatment Centres / Units)
• 2. Continued activities focused on patients and persons in direct contact
• 3. Specific interventions targeting cholera risk factors in affected and at-risk communities

Close and regular coordination with health sector throughout the response:
Social mobilization --- Case management --- Surveillance --- Monitoring
Cholera Outbreak - Immediate WASH Activities

In a cholera outbreak, a well coordinated rapid response of Health and WASH actors is as vital as continuous disease surveillance and regular implementation monitoring.

1. Support to health facilities (incl. Cholera Treatment Centres / Units)
- Provision of sufficient and reliable chlorinated water
- Establishment of separate latrines/toilets with hand-washing stations for patients and staff/caretakers
- Timely desludging of latrines, and safe disposal of excreta
Note: below tasks are part of infection prevention and control; in some contexts, these may fall directly under the responsibility of the health facility management
- Hand-washing stations at relevant points throughout the facility
- Supplies, materials, equipment and trained personnel for cleaning and disinfection, including safe management of excreta and vomit
- Supplies, materials, equipment and trained personnel for safe management of health care waste, as well as dead bodies

2. Targeted interventions with focus on patients’ households, caretakers and direct neighbours
Provision of select supplies and materials (i.e. soap, detergent, household water treatment means, water storage container, oral rehydration solution, hand-washing station, bleach for disinfection), and social mobilization around the dissemination of key messages on personal, environmental and food hygiene...
- ... by a Rapid Response Team that visits the home of the patient, direct neighbours and contact persons (preferred), or
- ... at the health facility

3. Community-level WASH response in affected and at-risk communities
- Water chlorination: Bulk chlorination of community supplies or bucket chlorination where feasible; household level chlorination where appropriate and where bulk or bucket chlorination is not feasible
- Social mobilization: Community awareness raising in close collaboration with relevant authorities, utilizing key communication channels (i.e. social media, radio, posters, trusted community leaders/committees, health extension workers), and focusing on
  ✓ Consumption of chlorinated water
  ✓ Hand-washing with soap
  ✓ Food hygiene
  ✓ Funeral practices

4. Identification of key risk factors in affected and at-risk areas
Note: Where Rapid Response Team is not active, the assessment team should include some response activities into their field mission
Immediate multi-sectoral on-site assessment; WASH to focus on:
- Access to sufficient chlorinated water, status of infrastructure, and practices around safe water management
- Access to hygienic sanitary facilities, and practices around safe excreta disposal, including that of children
- Access to hand-washing facilities with soap and water, and hand-washing practice at critical times
- Safe food management in homes and public places (markets, restaurants, schools etc.)
- Safe burials, particularly practices that include direct contact with the deceased or their belongings
STEPPED WASH APPROACH IN ENDEMIC CHOLERA SETTINGS

**Step 1:** Multi-sectoral hot-spot mapping

**Step 2:** WASH-focused field assessment to identify programmatic needs (may be part of a multisectoral assessment)

**Step 3:** Planning of WASH interventions and corresponding budget per hot-spot that feeds into the development of a multi-sectoral national budget

**Step 4:** Mobilization of resources towards implementation of national plan

**Step 5:** WASH program as part of a wider multi-sectoral program

**Step 6:** Impact study / sustainability check / monitoring of agreed indicators

Informs the development of a multi-sectoral national cholera control/elimination plan, or the adaptation of any existing plan.
FIELD ASSESSMENT IN HOT-SPOTS – WASH ASPECTS

Where?
Hot-spots are often identified at admin 2 level which can represent large geographical areas. Where this is the case, specific locations for a WASH assessment should be determined with inputs from health specialists. An epidemiological analysis of previous cholera events will point to priority at-risk areas within a hot-spot for an in-depth WASH assessment.

How?
• Field observations
• Focus group discussions
• Key informant interviews (relevant WASH, health and administrative authorities, communities, health workers)
• Technical assessment

What?
1 - Description of hot-spot characteristics
   General data on characteristics (such as population, climate and seasons, environmental context, socio-economic situation including trade and migration, urban/rural areas, etc.) and epidemiology (who is affected by cholera where and when at admin 3 level)

2 - Existing WASH context
   Existing WASH coverage, and type and status of facilities
   Water Safety Plans (identification of potential contamination along the water delivery chain)
   WASH behaviour: practices and attitudes
   On-going and planned WASH projects

3 - Technical gaps, costs, and priorities
   Technical needs assessment in communities and health facilities
   Quick technical feasibility check
   Costs / budget for identified needs
   Hot-spot investment plan / budget for WASH interventions
   Identification of people most in need (where, who, how many)

4 - Enabling environment
   Stakeholder analysis
WASH OUTCOMES FOR HOT-SPOTS

1) Safe drinking water
2) Safe food hygiene
3) Exclusive breastfeeding of infants
4) Excreta-free environment / safe disposal of feces
5) Hand-washing with soap
6) Environmental hygiene in markets and other public places
7) Local enabling environment for WASH conducive for sustainability, impact and resilience
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<th>Field investigation</th>
<th>Intervention planning &amp; budgeting</th>
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